

| CLAIMS ONLY | | | | | | Application Number <i>D918555 46</i> | Filing Date |
|-----------------|--|----------|--------|-----------------------|--------|---|-------------|
| | | | | | | Applicant(s) | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | | | | | | | |
| Total Depend | | | | | | | |
| Total Claims | | | | | | | |

* May be used for additional claims or amendments